



ARIZONA STATE GOVERNMENT
HUMAN RESOURCES
100 N 15th Ave. Suite 103
PHOENIX, AZ 85007

RESUME SUPPLEMENT

☐

Applying for ☐ Reinstatement or ☐ Reemployment

Source Code:

HR Verification:

(For Internal Use Only)

I am a permanent employee of ☐ DES ☐ DHS ☐ DJC ☐ DOA ☐ DOC ☐ DOR ☐ DOT ☐ AHCCCS ☐ OTHER

Completion of this form **DOES NOT** constitute an offer of employment. The information requested here is required to facilitate considering you for job openings for which you may qualify, when and if any become available. Please enter the requested information clearly using **BLACK** ink (**DO NOT USE PENCIL**). Send original or high quality photocopy of resume. Resumes remain active for six months or upon appointment to a new position, whichever occurs first.

Please select the job categories in which you are interested. **You must select at least one; do not exceed three.**

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting General | <input type="checkbox"/> 2. Adult/Juvenile Corrections (YCO) | <input type="checkbox"/> 3. HABTECH/Personal Caregiver |
| <input type="checkbox"/> 4. IT/EDP/Computer | <input type="checkbox"/> 5. Admin./Exec Assistants | <input type="checkbox"/> 6. Mechanic/Trades |
| <input type="checkbox"/> 7. Security/Police/Military Affairs | <input type="checkbox"/> 8. Medical/Dental/Healthcare | <input type="checkbox"/> 9. Laundry/Housekeeping |
| <input type="checkbox"/> 10. Agriculture/Natural Resources | <input type="checkbox"/> 11. Accounting Professional | <input type="checkbox"/> 12. Purchasing/Contracts Mgt./Buyer |
| <input type="checkbox"/> 13. Social/Human Services | <input type="checkbox"/> 14. Mass Communications/Telecom. | <input type="checkbox"/> 15. Engineering |
| <input type="checkbox"/> 16. Employment/Personnel/HR | <input type="checkbox"/> 17. Training & Development | <input type="checkbox"/> 18. Management/Supervision |
| <input type="checkbox"/> 19. Legal Professional/Paralegal | <input type="checkbox"/> 20. Clerical/Secretarial/Data Entry | <input type="checkbox"/> 21. Education/Library/Museum |
| <input type="checkbox"/> 22. Design/Printing Services | <input type="checkbox"/> 23. Banking/Real Estate | <input type="checkbox"/> 24. Customer Service/Collections |
| <input type="checkbox"/> 25. Food Service/Cooks | <input type="checkbox"/> 26. Facilities/Grounds Maint./Mgmt. | <input type="checkbox"/> 27. Technical/Research/Economics |
| <input type="checkbox"/> 28. Transportation/Maint./Const. | <input type="checkbox"/> 29. Temporary Services | <input type="checkbox"/> 30. Public Assistance Elig. Series |
| <input type="checkbox"/> 31. Child Protective Services (CPSX) | | |

Last Name:		First Name:		M.I.	
Mailing Address:		Apt. #:	City:	State:	
Zip Code:					
Home Number:		Work Number:			
Social Security No(optional):					

- What is your geographic preference? ☐ **Phoenix Metro** ☐ **Tucson Metro** ☐ **Statewide** ☐ **Northern AZ** ☐ **Central AZ**
☐ **Southern AZ** ☐ **City:**
- How many roundtrip miles to and from work will you travel? 10 ☐ 20 ☐ 30 ☐ 50 ☐ over 50 ☐ miles.
- What hourly rate will you accept? \$ _____ **hr.** **Lowest Grade** (State employees only):
- Are you willing to accept a position that is: ☐ **Full Time Only** ☐ **Part Time** ☐ **Permanent Only** ☐ **Any Shift**
☐ **Night Shift** ☐ **Rotating Shifts** ☐ **Uncovered** – not covered by AZ State Merit System Rules (includes benefits)
☐ **Limited** – position is funded for at least 6 months not to exceed 36 months (includes benefits)
☐ **Seasonal** – position which recurs on a seasonal or intermittent basis (excludes benefits)
- Referral Source: ☐ DES Job Service ☐ Newspaper ☐ Internet ☐ Employee ☐ Job/Career Fair ☐ School ☐ Walk in ☐ Other
- Please indicate all languages you speak fluently (other than English):
(Some positions may require a language other than English, if interested please indicate this skill on your resume.)
- Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? (A yes answer will not necessarily disqualify you from ALL positions..) ☐ Yes ☐ No

STATEMENT OF CERTIFICATION:

By signing the Resume Supplement, I certify under penalty of law, that the information provided anywhere in this form and the accompanying resume is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation or falsification, my resume may be rejected, my name removed from further consideration, and I may be disqualified from future examinations and/or terminated from employment. I also authorize the hiring authority to make all necessary and appropriate investigations allowable by law to verify the information provided.

Signature: _____

Date: _____

Revised SF-501 (02/03)

An Equal Opportunity/Reasonable Accommodations Employer

(Continued on reverse)

If you are a former (within two years) permanent status Arizona State Service (Government) Employee, are you applying for:

Reinstatement (i.e., you held permanent status with an Arizona State Service (Government) agency and resigned or were separated in good standing)

Reemployment (i.e., you held permanent status with an Arizona State Service (Government) agency and were separated as a result of a Reduction in Force)

If either of the above applies, please complete the items below.

Name of State agency where last employed:
Ending Position

Title:
Ending date of Permanent Status employment:

THIS BOX FOR HUMAN RESOURCE DIVISION PERSONNEL USE ONLY

Permanent Status verified by: _____

Salary at Separation: \$ _____

REE/REI status expires: _____

Comments: _____

**The following is for statistical reporting requirements, and is strictly voluntary.
It will not be used as a basis for any employment related decisions.**

THE INFORMATION BELOW IS NOT PROVIDED TO HIRING OFFICIALS

- ☐ Female ☐ Male I am 40 years of age or older ☐ yes ☐ no
- ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Hispanic
- ☐ White/Caucasian ☐ Black/African Descent ☐ Other

I am claiming Statutory Preference for:	Please attach documentation with each resume submitted
Disabled Status	Supplement 31 from ADOA Human Resources
Veteran Status	Form DD214
Vietnam Era Veteran Status	Form DD214
Disabled Veteran Status	Veteran's Administration certification
Spouse of Veteran Status	Veteran's Administration certification